

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
NOV 6 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. 310

Registration District No. 43

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County **Butler**  
(b) City or town **Poplar bluff**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Poplar Bluff Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 week** (Specify whether)  
In this community **1 week**  
years, months or days)

3. (a) PRINT FULL NAME **Louise Newsom**

3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife. .... 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased. **October 13, 1917**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**25 11 27** hr. .... min.

9. Birthplace **Greene County Arkansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business

MOTHER FATHER { 12. Name **J. M. Newsom**  
13. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Della Childers**  
15. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **J. M. Newsom**  
(b) Address **Rector, Arkansas**  
17. (a) **Removal** (b) Date thereof **Oct. 10, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rector, Arkansas**  
18. (a) Signature of funeral director **Greer Croy**  
(b) Address **Poplar Bluff, Missouri**  
19. (a) **10-18-43** (b) **Belle Kime**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Arkansas** (b) County **Clay**  
(c) City or town **Rector**  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **10**  
year **1943** hour **2:00** minute **P. M.**

21. I hereby certify that I attended the deceased from **Oct 5**, 19**43**, to **Oct 10**, 19**43**  
that I last saw him alive on **Oct 10**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Titanium** Duration

Due to **Infection / scratch**  
Due to **scratch**

Other conditions (Include pregnancy within 3 months of death) **95 x 1**

Major findings: Of operations **99**  
Of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **1**  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Wm. Kime** (M. D. or other)  
Address **Poplar Bluff, Mo.** Date signed

RECEIVED

District Health Office No. 2,

District File Number 1143-1385

Date Filed 11-3-43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Not embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.